LINE LIST: HIGH RISK PATIENTS (Suspected or probable smallpox cases)

Hospital:	Date:// 200
Completed by:	Contact phone number

Name	Medical Record Number	DOB	Sex	Epi- linked?	Date of Rash Onset	Date of admission	Attending Physician/Location	Date of Isolation	Date reported to health dept.	Date transferred to type C facility	Type C facility Name

LINE LIST: MEDIUM RISK PATIENTS

Name	Medical Record Number	DOB	Sex	Epi- linked?	Date of Rash Onset	Date of admission	Attending Physician/Location	Diagnosis	Lab Tests Resulted (Specimen:Test:Re sult)	Lab Tests Pending	Comment/Disposition

Lab Tests:

Varicella-zoster: DFA, PCR, IgG, EM, Tzanck, culture Herpes simplex: DFA, PCR, Tzanck, EM, culture Blood culture

Other viral culture Orthopox virus testing

Serology Biopsy/Pathology